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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/706,768
Filing Date	Nov. 12, 2003
First Named Inventor	SCHRANZ, et al
Art Unit	
Examiner Name	
Attorney Docket Number	970-9856F

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 001095

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: File Transfer

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	D. Peter Hochberg Co., LPA		
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Signature			
Name	John D. Thallemer	Registration No.	34,940
Date	May 16, 2006	Telephone No.	(609) 6278507

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